

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90021 024 \*\*\*150.00



DOCUMENT # P97000101016

1. Entity Name

FUNWAY ENTERTAINMENT, INC.

Principal Place of Business

4630 S KIRKMAN RD  
 #734  
 ORLANDO FL 32807

Mailing Address

18627 BROOKHURST STREET  
 #617  
 FOUNTAIN VALLEY CA 92708



2. Principal Place of Business

3. Mailing Address

11693 SAN VICENTE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#468

City & State

City & State

Los Angeles, CA

4. FEI Number

58-3526806

Applied For

Not Applicable

1st MOORE

CR2E034 (10/04)

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TEPLITZKY, FRANK  
 4630 S. KIRKMAN ROAD STE 734  
 ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name

BURT TEPLITZKY

Street Address (P.O. Box Number is Not Acceptable)

4630 S. KIRKMAN RD

ste 734

City

Orlando

FL

Zip Code

32807

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Burt Teplitzky*

Signature, typed or printed name of registered agent, and date if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

3-11-05

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	TEPLITZKY, BURT A	18627 BROOKHURST ST., #617	FOUNTAIN VALLEY FL 92708	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Additor
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Burt Teplitzky*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-05

Date

877.646-7768

Daytime Phone #